

Health Department, City of Baltimore.

Permit No. A 1910 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Augustus Wolff

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } don't know

Occupation, Attendant of Turkish Baths

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, don't know

Place of Death, { Give Street and Number. } Western Station House

Cause of Death, { First (Primary), Apoplexy induced by
Second (Immediate), excessive drinking }

Duration of Last Sickness, Death Sudden

All the above information shall be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Aug 2 1887

Undertaker, M. Rorenborger L. S. Spanow M. D.

Place of Business, 321 Park Avenue Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1911 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fannie PrattSex, ~~Male~~ or Female, { Cross out the word not required in this line. }Age, 38 Years,

Months,

Color,

Col.Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore CityDuration of Residence in the City of Baltimore, Life-timePlace of Death, { Give Street and Number. } 667 Josephine st.abscess

Cause of Death, { First (Primary), Second (Immediate), }

Septicaemia

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, Shayeler-terDate of Burial, August 1st 1887{ Undertaker, W. G. Ross }P. S. Ticecomb, M.{ Place of Business 404 Conway }Address, 836 Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as nearly as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the day and date of death.*

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Health Department, City of Baltimore.

Permit No.

1912 Office of Registrar of Vital Statistics.

Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

Aug. 18, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Blazek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Laborer

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give Street and Number. }

1501 St. Louis Court S. Caroline St.

Cause of Death, { First (Primary),

Acute Pneumonia

Second (Immediate),

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonse's

Date of Burial,

Aug. 3

John H. Rehberger

M. D.

{ Undertaker,

W. D. Dixie

Medical Attendant.

{ Place of Business,

151 St. Boni

Address, 1709 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1913 Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Edwards

Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

224 Lawson ally

Place of Death, { Give Street and Number. }

Encephalitis

Cause of Death, { First (Primary),

Exhaustion

Second (Immediate),

Three day s

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forrest Grove B. & C.

Date of Burial, Aug 2nd 87

Jos. Blum M. D.

Undertaker, T. Ross

Medical Attendant.

Place of Business, Conway St. Address, 16 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1914 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 1st 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Herbert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, Days

Color, C d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Child

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore, Lif

Place of Death, { Give Street and Number. } 524 Smith St (1324) Peter Infandine

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public

Date of Burial, Aug 2nd 1887

{ Undertaker, Geo. E. Brown

{ Place of Business, Health Dept

John Schiff

M. D.

Medical Attendant.

Address, 70 W. Ma. Street

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[OVER.]

The Physician attending or a Physician is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 1915 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

August 1st 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Martha Heckert

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age,

10

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

life time

Place of Death, { Give Street and Number.

174 W. Hamburg St
Thisis Pulmonary
Prostration

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug 3rd 1889

Undertaker, Julius Kocher

M. D.

Medical Attendant.

Place of Business, Sharp & Cross Address, 418 S. Paediatric

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1916

Office of Registrar of Vital Statistics.

Ward

19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E Knahr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give Street and Number. } 1613 Harlan Ave

Cause of Death, { First (Primary), Malaria
Second (Immediate), }

Duration of Last Sickness, All life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 1 1887

{ Undertaker, J. Lewis Schayer M. D.
Medical Attendant,

{ Place of Business, 316 N Fremont Address, 220 N Wilmer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A

1917

Office of Registrar of Vital Statistics.

Ward 7th

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CERTIFICATE OF DEATH. B

Date of Death, Aug. 1, 1887

Full Name of Deceased, Charles C. Lowry

Sex, Male or Female, Male

Age, Years, Months, Weeks, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Batt. Ind.

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, Give Street and Number, 1202 N. Caroline St.

Cause of Death, First (Primary), Cholera Infantum
Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 2, 1887

Undertaker, Wm. B. Hickman, Geo. A. Hartman, M. D.

Place of Business, 284 N. Gay, Address, 112/11. Caroline St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1918

Office of Registrar of Vital Statistics.

Ward 18

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B

CERTIFICATE OF DEATH.

Date of Death, July 21, 1887

Full Name of Deceased, Caffer Karto

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Age, 47 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, 1020 Flagg's

Cause of Death, Bright's disease of kidney

First (Primary),

Second (Immediate), Excessive heat

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, August 3

Undertaker, B. Hall

Place of Business, 115 North

Howard

Corley M. D.

Medical Attendant.

Address, 518 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1919

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

August 1st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

John Edward Kirby

Sex, Male or Female, { Cross out the word not required in this line.

Age, 9 Years,

Months,

29 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Baltimore, Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

524 E. Fort Ave.

Cause of Death, { First (Primary),
Second (Immediate),Convulsions
1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4 1887

Robert S. Rowe

M. D.

Medical Attendant.

Undertaker, Bernard Earle

Place of Business, 115 West St.

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]